

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | G.C.     |        | 08-22-01 |
| O.I.P.E. CLASSIFIER       |          | 10     | 8-29-01  |
| FORMALITY REVIEW          | ET       | 926    | 09/21/01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 additional sheets are used, staple additional sheet here

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